

RESOLUTION NUMBER 6529

WHEREAS, the City of Beatrice provides the City of Beatrice Employees & Beatrice Board of Public Works Retirement Plans to its full-time employees who are not eligible for the retirement plans provided to firefighters and sworn police officers; and

WHEREAS, the Mayor and City Council, Beatrice, Nebraska, desire to amend the City of Beatrice Employees & Beatrice Board of Public Works Retirement Plans regarding when an employee is eligible to participate and the date used to calculate the vesting schedule.

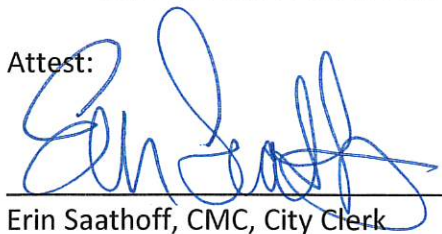
NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF BEATRICE, NEBRASKA:

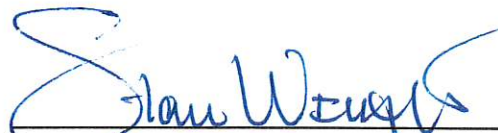
SECTION 1. That the Mayor, City Administrator, and the City Clerk are hereby authorized to sign the Amendment Request to the City of Beatrice Employees & Beatrice Board of Public Works Retirement Plans. A copy of said Amendment Request is attached here to as "Exhibit A" and incorporated by reference.

SECTION 2. That all resolutions or parts of resolutions in conflict herewith are hereby repealed.

RESOLUTION PASSED AND ADOPTED this 17th day of February, 2020.

Attest:


Erin Saathoff, CMC, City Clerk


Stan Wirth, Mayor

AMENDMENT REQUEST

Plan Name: City of Beatrice Employees & Beatrice Board of Public Works Retirement Plans

Plan Number: 261061 & 261063 Effective Date of Requested Change: 3/1/2020

Specific change(s) requested:

Effective 3/1/2020 change eligibility to 6 months with monthly entry

Effective 3/1/2020 change to exclude service while not a participate for vesting calculation

Effective 3/1/2020 change vesting to elapsed time method for vesting calculation

Is this a safe harbor plan? ☐ Yes ☒ No

If yes, please be aware that exclusions from compensation are limited.

Is your address the same as currently in the Adoption Agreement? ☒ Yes ☐ No

If no, please provide your updated address:

Are the correct individuals showing as trustees currently in the AA? ☒ Yes ☐ No

If no, please add trustee change to this request.

If there are additional Trustees, please identify in an Attachment.

As current trustee of the above listed plan, I authorize the plan be amended per the instructions on this request.



Date of signature: 2-17-2020

Trustee Signature

Tobias J. Tempelmeyer

Trustee Name (PLEASE PRINT)

For internal Use Only:

Submitted by: _____ Date of submission: _____